



SUCCESSOR ACCOUNT OWNER

The purchaser is the only person who can authorize a *Successor Account Owner*. The *Successor Account Owner* is the individual you name to become the owner upon your death and must be at least 19 years of age.

Successor account owner: _____

Successor's signature: _____

Address: _____

SSN: _____

Email address: _____

Daytime phone number: _____

PACT account number: _____

I certify by signing below that the information I have provided on this form is true and correct and that all documentation I have presented is either the original or an unaltered copy of the original. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a)(3) and § 13A-10-102.)

Account owner's signature: _____

Print name: _____

Date: _____

Daytime phone number: _____

Please email or fax this form to the PACT office.